Creating Quality Products for Life

## **ORDER FORM**

## **SB-2131B Automatic Resuscitator with Manometer**

<b>Customer Info</b>	rmation	:								
Contact Name				Title						
Department										
Mailing Addres	SS									
City					State	Zip				
Street Address										
City					State	Zip _				
Phone		()_		Fax (_	)					
E-mail										
Department In # Stations # Transports pe	# Fire	Engines	# Ground A	Ambulances	# Air	Ambu	lances			
<b>Quantity</b>	<u>Descrip</u>	otion_			<u>Unit Pı</u>	rice	Extension			
cases	SV2131	& Flex H	c Resuscitator w lose d and sold in cas			case	\$			
	Shippin	Shipping and handling (Contiguous 48 United States) \$15.00 per case \$								
	Sales To	lax (7.75%) C	alifornia custon			\$				
	(If tax e	exempt, please	e provide your T		)					
					-	ГОТАІ	L \$			
		is	enclosed in the a	mount of \$			-			
OR 2) Please bill or * We current	ur credit (	card. Card# pt Visa and I	MasterCard and	l American Ex	press only.					
Name as it appears on the card:						Exp Date				
Signed										
Printed	Name				Title					
		Thank von	for your order. W	e appreciate vour	business.					

Thank you for your order. We appreciate your business. Should you have any questions, please feel free to contact us at 1-800-633-5900. Rev 1/25

Creating Quality Products for Life

## **ORDER FORM**

## SB-2131-10B Automatic Resuscitator with Manometer

<b>Customer Info</b>	rmation	1:								
Contact Name						Title				
Department										
Mailing Addres	SS									
City							State		_ Zip _	
Street Address										
City							State		_ Zip _	
Phone		(	_)			Fax (_		_)		
E-mail										
Department In	ıformati	on:								
# Stations # Fire Engines # Ground Ambulances						nces	# Air Ambulances			
# Transports pe	r year									
0 414	ъ .	.•					τ.	T • 4 TD		TD 4
<b>Quantity</b>	<u>Descrip</u>							Init Pr		<b>Extension</b>
cases	SV 213	N	<b>Manomet</b>	Resuscit er & Flex and sold i		0 units pe	\$_	520.00		
	Shippin	ipping and handling (Contiguous 48 United States) \$20.00 per case \$								
	Sales T	Sales Tax (7.75%) California customers								\$
	(If tax e	x exempt, please provide your Tax I.D. #							)	
								,	TOTA	L \$
1) Our check #			is enc	losed in th	ne amount	of\$				
OR										
2) Please bill ou * We curren	ar credit a <b>tly acce</b> j	card. Ca <b>pt Visa</b> :	ard # and Mas	sterCard	and Amer	ican Ex	press	only.		
Name as it appears on the card:					Exp Date					
Signed										
Printed						Title	e			
		Than	k you for	your order	. We appred	ciate your				

Should you have any questions, please feel free to contact us at 1-800-633-5900. Rev 1/25